

Please type a plus sign (+) inside this box →



PTO/SB/83 (2/00)

Approved for use through 10/31/02. OMB 0651-0035  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number

106653 32

Filing Date

9/17/03

First Named Inventor

Group Art Unit

Examiner Name

Attorney Docket Number

To: Assistant Commissioner for Patents  
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

CHANGE OF EMPLOYMENT.

RECEIVED

MAR -9 2010

OFFICE OF PETITIONS

- ☒ The correspondence address is NOT affected by this withdrawal.
- ☐ Change the correspondence address and direct all future correspondence to:

### CORRESPONDENCE ADDRESS

☐ Customer Number

Place Customer Number  
Bar Code Label here

OR

☐ Firm or  
Individual Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

This request is enclosed in triplicate.

Name

PAOLO M. TREVISAN

Signature

*Paolo M. Trevisan*

Date

01/08/2010

**NOTE:** Withdrawal is effective when approved rather than when received.  
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time  
period for response or possible extension period, the request to withdraw is normally disapproved.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231.  
DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.